UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/CP/154
25 July 1996

ORIGINAL: English

Third regular session 1996
9 -13 September 1996, New York
Item 12 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Honduras

Proposed UNFPA assistance: $8.2 million, $5.2 million from regular resources and $3 million from multi-bilateral and/or regular resources

Programme period: 4 years (1996-1999)

Cycle of assistance: Fourth

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	1.6	1.2	2.8
Population & development strategies	1.4	1.3	2.7
Advocacy	2.2	.5	2.7
Total	5.2	3.0	8.2

/...

HONDURAS

Demographic Facts

Population (000) in 1995	5,654	Annual population growth rate (%)	2.75
Population in year 2000 (000)	6,485	Urban	4.3
Sex Ratio (/100 females)	101.6	Rural	1.5
Per cent urban	43.9	Crude birth rate (/1000)	33.5
Age distribution (%)		Crude death rate (/1000	5.4
Ages 0-14	43.8	Net migration rate (/1000)	-0.7
Youth (15-24)	20.3	Total fertility rate (woman)	4.30
Ages 60+	4.9	Life expectancy at birth (years)	
Percentage of women aged 15-49	46.8	Males	67.5
Median age (years)	17.8	Females	72.3
Population density (/sq.km.)	50	Both sexes	69.8
		GNP per capita (U.S. dollars, 1994)	590

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

INDICATORS RELATED TO ICPD GOALS*

		(Thresholds)*
Births attended by health professional (%)[1]	81.0	≥60
Contraceptive prevalence rate (15-44)(%)[2]	47.0	≥55
Access to basic health services (%)[3]	66.0	≥60
Infant mortality rate (/1000)[4]	43.0	≤50
Maternal mortality rate (/100,000)[5]	220.0	≤100
Gross female enrolment rate at primary level (/100)[6]	80.5	≥75
Adult female literacy rate (%)[7]	69.4	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY EXECUTIVE BOARD DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST ESA SER.A 143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, Education for All - Status and Trends, 1994.*

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1996-1999 to assist the Government of Honduras achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $8.2 million, of which $5.2 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $3 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This is UNFPA's fourth programme of assistance to Honduras.

2. The proposed programme was developed, in full cooperation with the Government, following a programme review and strategy development (PRSD) mission that visited Honduras in September/October 1995. The programme will work to improve the climate of opinion in the country about population issues, which is often hostile in some sectors or indifferent in others, particularly in relation to the positive value of reproductive health programmes that incorporate family planning. The programme will also provide direct assistance to reproductive health programmes in three geographical areas of the country designated by the Government as well as help to build the Government's capacity to improve reproductive health conditions nationally.

3. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

4. Honduras is the second poorest country in Central America. According to UNDP's Human Development Report the gross national product (GNP) per capita was $590 in 1994. It is estimated that some 64 per cent of the population live in poverty, while approximately half of the poor, or one-third of the total population, live in conditions of extreme poverty and deprivation.

5. Honduras changed from being a priority country under UNFPA's former system of classification to a Group B country under the new scheme for resource allocation. In fact, the country could be considered to be on the "cusp" between Group B and Group A. For two indicators, Honduras is clearly ahead in terms of meeting the goals of the ICPD: 81 per cent of girls are enrolled in primary school, and the literacy rate for women is 70 per cent. On two indicators, the country is below the threshold level: it has a maternal mortality rate of 220 deaths per 100,000 live births and a contraceptive prevalence rate of 47 per cent (35 per cent for modern methods). With respect to two other indicators, the country is right around the cut-off point: according to United Nations data, 66 per cent of the people have access to basic health services and the infant mortality rate is 43 per 1,000 live births. (In both cases, national data are less positive: 60 per cent and 50 per 1,000, respectively.) There is a wide discrepancy in the data for the other indicator: National statistics report that 45 per cent of births are delivered by trained personnel while United Nations data show that 81 per cent are.

6. Even the statistics on which Honduras does best, primary school enrolment and women's literacy, may be illusory. Children are enrolled in the first grade but soon start dropping out and, and of those

who do not, 11.3 per cent repeat grades. This explains why the average schooling in the country is only 3.9 years and functional illiteracy is estimated at 50 per cent. In any case, it is clear that Honduras is one of the most disadvantaged countries in Latin America, both in terms of development indicators in general and ICPD goals in particular.

Previous UNFPA assistance

7. UNFPA undertook a needs assessment mission to Honduras in 1978 that led to the formulation of the first population programme in the amount of $4.3 million; this was followed by a programme of $3.3 million for the years 1987-1991. The third programme for 1991-1995 was approved by the Governing Council in June 1991, providing for $5 million from UNFPA regular funds and $2.5 million to be sought from multi-bilateral sources. In the end, $6.5 million was spent, including a little more than $100,000 received from the Government of the Netherlands, which was earmarked for research in the areas of community health and HIV/AIDS at the municipal level.

8. During the course of the second UNFPA programme of assistance, the Fund and the Government of Honduras were not able to reach agreement on cooperation in the area of maternal and child health and family planning (MCH/FP). In 1989 and 1990, however, UNFPA supported research on the mortality of Honduran women of reproductive age and on maternal mortality, which showed that many of the country's women were dying because of pregnancies that occurred too early, too late or too often or because they suffered from undiagnosed obstetric risks. It also showed that maternal mortality had been under-reported; the real rate was higher than estimated. These findings spurred the Government to adopt an official strategy of prevention of reproductive risk as part of its public health programme, which is gradually being implemented. The strategy includes counseling women and giving them access to family planning services so they can plan the conception and spacing of their children to avoid risks of mortality and morbidity. During the last two years of the previous programme, the Government carried out such activities in cooperation with UNFPA.

9. During the period of the third country programme, UNFPA recorded positive results in terms of population information, education and communication (IEC): all primary school teachers involved in in-service training teams throughout the country, as well as a significant number of secondary teachers, were trained in the essentials of population education. This enabled teachers to give their students a knowledge of population in the course of teaching various academic subjects. Population education is also now part of the teacher training curriculum at the National University's School of Pedagogy and the country's 12 normal schools. The goal of the proposed programme is to formally integrate population and sex education into the curricula of both primary and secondary schools, and the Fund is being provided with a unique opportunity to do so (see below).

10. Another significant achievement was the development of a project helping municipalities, the basic unit of local government throughout Honduras and Central America, incorporate population into local development planning. This activity was started with one municipality, that of San Pedro Sula, and has now expanded to five other municipalities. In fact, the project has been so successful that it is being replicated by other countries in the region, who have sent staff to San Pedro Sula to study the system. In addition, UNFPA is working with the Honduras Association of Municipalities

to make technical assistance and training on integrating population into development planning available to all the country's municipalities, through follow-up activities in the proposed programme.

11. In the past, UNFPA's programmes often took a significant amount of time to reach the communities for which they were intended because of the centralized administrative system. Two years ago, a Municipalities Law was passed that promises to revolutionize the government decision-making process by decentralizing management in many areas, such as health, to the local level. Activities under the proposed programme designed for the local level are, therefore, being negotiated with the direct involvement of local authorities. This should boost the efficiency of programme implementation, provided careful implementation plans are established and closely monitored.

12. The Government of Honduras has supported several population-related international agreements, including the Guatemala Declaration for Safe Motherhood in 1992, the 1990 Plan of Action for Human Development, Children and Youth, and the Programme of Action of the ICPD in 1994. However, there continue to be reservations about the ICPD Programme of Action among an important body of opinion in the country. These concerns have always kept the country from adopting a national population policy. Although the adoption of such a policy was a professed goal of UNFPA's previous programme, it was not achieved. During the course of the mid-term review it was dropped as being not feasible, and it is not an aim of the proposed programme.

13. Part of the advocacy programme under the proposed programme will be addressed to the problem of the status of women and violence against them, which is widespread. One contribution of UNFPA's previous country programme was a socio-cultural study aimed at finding ways of improving the quality of service within the health system. One of the study's findings was that violence -- on the part of health workers to female clients -- occurred in the health system. Beyond its many other ramifications, this naturally led to a reluctance or refusal on the part of many women to take advantage of health facilities. The study also found that the hostile environment encouraged the women or, more frequently, their male partners or family members to respond in a violent manner as well, putting the health workers themselves in jeopardy. These findings are being used to reinforce the gender component of the proposed programme and to incorporate gender awareness and interpersonal relations into the training of all the country's health workers.

Other external assistance

14. The United States Agency for International Development (USAID) has been the leading provider of assistance for reproductive health programmes in Honduras. It has funded a five-year programme worth $30 million to improve overall health conditions, including MCH/FP and contraceptive supplies, but this programme ends in 1996. The agency's future strategy is to focus efforts in parts of the country designated by the Government, while other areas are to be covered by other donors (or will not receive external assistance). USAID has also provided the country with its contraceptive needs, but this is assured only until 1997. The Government plans to progressively assume some of the financial burden and to discuss with UNFPA and other donors how the resulting unmet demand can be handled, including providing contraceptives through the private sector.

15. The leading provider of family planning services within the country has been a non-governmental organization (NGO), the Honduran Family Planning Association (HFPA), which has received major assistance from USAID and with which UNFPA has always worked closely. USAID will provide $7.8 million worth of assistance to the NGO reproductive health programme from 1996 to 1998. After that, however, it is forecast that USAID funding will be severely cut, and it is not anticipated that other multilateral or bilateral donors will be in a position to make up the difference. HFPA has embarked on a three-year programme to make itself self-sufficient, in so far as that is possible. HFPA already charges for many services, thereby making them inaccessible to many.

16. USAID also provides funding for the national AIDS prevention programme, including providing $1 million a year for condoms, which will end in 1999. Other AIDS funding comes from the World Bank, the Inter-American Development Bank, Japan and Spain. Japan is expected to provide $10 million to construct and equip a maternity ward in the national hospital in Tegucigalpa and to construct three emergency and maternal clinics in poor, underserved areas of Tegucigalpa.

Proposed programme

17. Advocacy. The whole of UNFPA's proposed programme includes gender as a cross-cutting element, focusing on empowerment of women. The core of the proposed programme will be in the area of advocacy, mostly in support of reproductive health. Approximately one-third of the funding would go for advocacy activities. As recommended by the PRSD mission, the most urgent UNFPA task in support of national action on population has to be one of advocacy to achieve a national consensus on population issues consistent with the ICPD Programme of Action. This is crucial to the success of any population activity in Honduras. Indeed, as noted above, the previous programme showed how much could be achieved when the results of research on Honduras's demographic and reproductive health situation convinced policy makers that greater efforts were called for.

18. A priority target is national opinion makers, to convince them of the value of integrating the population dimension and gender in planning and programming at all levels, and of the importance of a reproductive health programme that includes family planning in order to attain the country's sustainable development goals. As the lead United Nations agency for implementing the ICPD, UNFPA will advocate the Programme of Action by directly addressing governmental authorities, legislators, political parties and religious groups, often in one-on-one situations or in small seminars. The advocacy programme will also have activities to make social communicators and the general public aware of these questions. This will involve close collaboration with local NGOs in helping to design media campaigns that catch the public's attention and build awareness of population.

19. Reproductive health. At the national level, the Fund will help the Ministry of Health integrate the concept of reproductive health into its programmes. This will be achieved by advocacy of the concept within the ministry, as well as other government bodies, and by training appropriate personnel. At present, UNFPA is the only agency working in terms of total reproductive health; others, such as the HFPA, focus more specifically on family planning. UNFPA's approach fits well with the Government's determination to focus on preventing reproductive risks among women, including the risks caused by abortion, which remains strictly illegal in Honduras under any condition.

The Fund will also help develop new approaches to preventing adolescent pregnancy, including the work to be done with the Ministry of Education in formalizing population and sex education in school curricula.

20. The Government of Honduras does not have the financial resources to provide even basic reproductive health services to all of the population. Therefore, it has requested donors to help develop and provide such services in selected parts of the country that are underserved by public facilities and where the people are too poor to take advantage of private services. In this regard, UNFPA will help to provide reproductive health services in the public health facilities in the poorest areas of metropolitan Tegucigalpa and San Pedro Sula and in the Department of Olancho, where it started to work under the previous programme. Olancho is one of the poorer departments, in the eastern part of the country. Other donors will concentrate their efforts in other areas: USAID, for example, works in three of the poorest departments in the western part of the country. In Olancho, the department's mayors have supported setting up "maternal homes" where women with high-risk pregnancies can stay prior to delivery and have access to trained health personnel and to nearby clinics. This alone should help to bring about a significant decline in the department's maternal mortality rate.

21. The World Bank has loaned the Government of Honduras $30 million over a four-year period starting in 1996, with an additional grant from the German Government of $12 million, to finance an extensive reform of the educational system. The Government has requested UNFPA's technical assistance in carrying out specific aspects of the reform, particularly in terms of curriculum and textbook development and technical staff training. The reformed curricula and textbooks will integrate several themes, including population and sex education. This provides an unprecedented opportunity for UNFPA to make a contribution that will impact the entire school system.

22. Population and development strategies. The proposed programme aims to avoid a fault of previous programmes in the area of population and development strategies. The new strategy is to train a "critical mass" of personnel in demography and in population and development. In the past, UNFPA has supported the training of small numbers of specialized personnel in these critical areas, but they were then dispersed throughout the government bureaucracy where they were either not effective or ended up dealing with other areas of specialization. The current goal is to train enough personnel, at different levels of expertise, so that the entire agency where they serve becomes aware of the population dimensions of its work.

23. The Fund will also help to rationalize the demographic data collection system by supporting certain crucial surveys and samples to help fill in gaps in the country's demographic database. Honduras may not have the financial resources right now to carry out a full-scale census, and UNFPA's assistance can be vital in helping the country meet some of its more pressing data needs. As always, the Fund sees that it can be most helpful by training Honduran personnel to carry out and analyse these surveys and to complement government efforts to disseminate the results, including adapting research publications for different audiences for advocacy purposes. As noted above, at the municipal level the experience of the previous programme will be applied to support the integration of population into development planning in the country's municipalities.

Implementation, monitoring and evaluation

24. National execution of proposed activities is an important component of the programme, and the Fund's office in Honduras will assist the Coordination, Planning and Budget Secretariat (SECPLAN) as well as other ministries involved in the programme in coordinating activities. Regular monitoring meetings of an intersectoral committee for the programme as a whole are foreseen three times a year and of sectoral groups for each sub-programme quarterly, with representation from the Government, executing agencies, NGOs and UNFPA. Baseline information is being gathered and will also be collected at the start of sub-programme implementation. It will be utilized to monitor progress and evaluate results. All activities will be monitored and evaluated in accordance with standard UNFPA guidelines and procedures. The programme as a whole will be subject to a mid-term review.

Recommendation

25. The Executive Director recommends that the Executive Board approve the programme of assistance for Honduras, as outlined above, in the amount of $8.2 million over the period 1996-1999, $5.2 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $3 million would be sought from multi-bilateral sources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

- - - - -